

## (1) PLACE OF BIRTH

County of Florence

Township of .....

Inc. Town of Laurel

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 40298

Registration District No. 2109 Registered No. 156  
(For use of Local Registrar)(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Mary Garrison (If child is not yet named, make supplemental report as directed)

(3) SEX OR G. I. (4) Type of Birth (5) Number in order of birth (6) Date of Birth (7) Name of Mother (8) Name of Father

FATHER: (9) FULL NAME Wallis Garrison (10) PRESENT POSTOFFICE OF FATHER Scranton S.C. (11) COLOR OR RACE Col (12) AGE AT LAST BIRTHDAY 24 (13) BIRTHPLACE Florence C. (14) OCCUPATION Farm Hand (15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BORN 1MOTHER: (16) NAME BEFORE MARRIAGE Sheldie Maly (17) PRESENT POSTOFFICE OF MOTHER Scranton S.C. (18) COLOR OR RACE Col (19) AGE AT LAST BIRTHDAY 23 (20) BIRTHPLACE Florence (21) OCCUPATION Housework (22) NUMBER OF CHILDREN OF THIS MOTHER NOW BORN, INCLUDING PRESENT BORN 1CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(23) I hereby certify that I attended the birth of this child, who was Born.. Alive.. as.. la.. G.. M. (born alive or stillborn) (24) (Signature) Scranton S.C. (25) State whether Physician or Midwife midwife (26) Address of Physician or Midwife Scranton S.C.(27) Witness (Signature of Witness necessary only when question 23 is signed by mother) (28) Date Dec. 4, 1923 (29) Place Laurel